

Draft Minutes of: Patient Safety Committee

Date/Time of Meeting: 27th July, 15:00 – 17:00, MS Teams

Title / Department	Name	Initials	Present / apols	Attendance record	Deputy
Core membership					
Chief Nurse (Chair)	Julie Gray	JG	Present	3/3	<input type="checkbox"/>
Associate Director of Clinical Governance & Patient Safety (Lead Officer)	Chris Lube	CL	Apologies	0/3	<input type="checkbox"/>
Head of Risk & Compliance (Lead Officer)	Nicky Brown	NB	Present	2/3	<input checked="" type="checkbox"/>
Consultant in Palliative Care	Dan Monnery	DM	Apologies	1/3	<input type="checkbox"/>
Deputy Director of Nursing	Karen Kay	KK	Present	2/3	<input type="checkbox"/>
Associate Director of Clinical Education	Kate Greaves	KG	Present	2/3	<input type="checkbox"/>
General Manager, Radiotherapy	Julie Massey	JM	Apologies	1/3	<input type="checkbox"/>
General Manager, Acute Services	Liz Furmedge	LF	Apologies	1/3	<input checked="" type="checkbox"/>
General Manager, Networked Services	Fran Ashley	FA	Present	2/3	<input type="checkbox"/>
Divisional Nurse Director, Network Services	Liz Morgan	LM	Present	3/3	<input type="checkbox"/>
Director of Pharmacy	Tori Young	TY	Present	2/3	<input type="checkbox"/>
Chief AHP and Divisional AHP Director, Radiation Services	Linda Williams	LW	Apologies	2/3	<input type="checkbox"/>
Divisional Governance Manager Network Services	Reason (or exemption...	JC	Present	3/3	<input type="checkbox"/>
Divisional Governance Manager Acute Services	Reason (or exemption...	PL	Present	3/3	<input type="checkbox"/>
Divisional Governance Manager Radiation Services	Reason (or exemption co...	DC	Present	3/3	<input type="checkbox"/>
Legal & Governance Manager	Reason (or exemption code) 2	LG	Present	3/3	<input type="checkbox"/>
Quality Manager Audit & Statistics	Reason (or exemptio...	HW	Apologies	0/3	<input type="checkbox"/>
Blood Transfusion Practitioner	Reason (or exemptio...	JI	Present	3/3	<input type="checkbox"/>
Quality Improvement Manager	Reason (or exemptio...	CS	Present	3/3	<input type="checkbox"/>
Deputy Chief Pharmacist	Joanne McCaughey	JMc	Present	2/3	<input type="checkbox"/>
Head of Physics	Carl Rowbottom	CR	Apologies	0/3	<input type="checkbox"/>
Consultant Haematologist	Arpad Toth	AR	Apologies	0/3	<input type="checkbox"/>
Associate Medical Director, Acute Services	Lynny Yung	LY	Apologies	0/3	<input type="checkbox"/>
Quality and Operational Lead Radiology	Reason (or exemption code) 2	SC	Present	1/3	<input type="checkbox"/>
Named Nurse for Safeguarding	Clare James	CJ	Apologies	0/3	<input type="checkbox"/>
Chief Nursing Information Officer	Emma Daley	ED	Apologies	0/3	<input checked="" type="checkbox"/>
Also in attendance					
Title	Name	Initials			
Minute Taker	Reason (or exe...	AJ			
Representing Emma Daley	Reason (or exemptio...	EW			
Representing Liz Furmedge	Reason (or exemption...	JD			
Superintendent Pharmacist for CPL	Burhan Zavery	BZ			

15-22	Standard business	
a	Welcome and introductions	
	JG welcomed everyone to the meeting.	
b	Quoracy	
	The meeting was deemed quorate with representation across all Divisions.	
c	Apologies	
	Apologies were received from Julie Massey, Liz Furnedge, Dan Monnery, Emma Daley, Linda Williams.	
d	Declarations of Interest	
	There were no declarations of interest noted.	
e	Minutes of Previous Meeting	Action
	The DRAFT minutes from the 22nd June 2022 were approved as a correct record of the meeting subject to the following minor revisions: * It was noted that JMc attended the meeting * Reason (or exemption code) 2's name to be amended as there was a misspelling	AJ AJ
f	Matters Arising / Outstanding Actions	
	PSG-05-21 – Junior Doctor Training. JMc has obtained approval from the training lead for the junior doctors to undertake insulin and prescribing training. JMc to meet with L&D to develop the training packages and move this forward. Update to be provided to October Committee. AJ to add to rolling programme.	JMc AJ
	PSG-09-22b – Patient Safety Alerts. JG asked for clarity on what evidence needs to be submitted to close an alert. JMc and NB are working collaboratively on this. A draft policy is to be presented at Sept PSC – AJ to add to the rolling programme.	NB/JMc /AJ Sept
	PSG-03-22a – Emergency Handbook. JD confirmed that the Handbook can now be accessed on all desktops and Junior Doctors will be notified of this at induction. The narrative advising "For LUFHT only" is to be removed as the pop up is still in existence.	JD/ Pauline Drane
g	Action Rolling Programme	
	The Rolling Programme was noted. Presentation of the Duty of Candour Audit report is to be deferred to September PSC. AJ to update rolling programme. All other items are on the agenda.	AJ/NB Sept
16-22	Standard Items	
a	National Patient Safety Strategy Update	
	An update report was shared with committee members detailing CCC progress against the key objectives of the National Patient Safety Strategy (2019). Seven key objectives have been identified, these significant pieces of work will require support from staff across CCC for successful implementation. NB, JG and KK will progress the recommendations until the new Associate Director of Clinical Governance takes ownership of the action plan for completion by April 2023.	
b	Patient Safety Alerts	
	The Patient Safety Alert reports for June and July 2022 were noted by Committee. NB advised that during July 2022 there were: * 3 open Safety Alerts within DCIQ, all of which required action by the Trust. * 2 of the 3 alerts were for medicines and 1 involved a medical device.	2 of 7

	<ul style="list-style-type: none"> * No alerts were overdue for completion. * 4 safety alerts were reviewed and closed during June 2022 as they were not relevant to the Trust. <p>NB advised that the process for reporting patient safety alerts is under review. Going forward, Divisions will evidence progress against each alert to allow sign off by the Governance Team.</p>	
c	<p>Lessons from formal reviews completed in June 2022</p> <p>There was no report provided at the meeting.</p> <p>Committee discussed the best method for sharing lessons learned:</p> <p>DC - Radiotherapy are trialling a new format to improve staff engagement. The Division meets monthly to focus on a specific topic with scenario based learning for staff in the form of a newsletter. Action: DC to update the committee on the success of the new format once established.</p> <p>JMc – Pharmacy are also producing a newsletter for support lessons learned from incidents.</p> <p>LM - Network Services currently disseminate lessons learned at Divisional meetings and via a newsletter. It is proposed to share Level 1 investigations with the SRG leads for tabling.</p> <p>JG – Lessons learned are also discussed and shared via ERG, Level 1 investigations are discussed at the weekly meeting which is attended by clinicians and consultants.</p> <p>TY – Suggested that lessons from low level medicine incidents are shared via the introduction of “druggles” - Pharmacists undertake teaching on the wards to capture as many staff as possible and advise on any emerging concerns or trends. JD queried why incidents relating to storage of medicines do not sit with the ward managers. TY agreed that responsibility should sit with the ward managers and is investigating the option of adding to Perfect Ward (Tendable) in the form of a dashboard. Quarterly medicine storage spot checks are also to be introduced.</p> <p>Action: NB to review Datix to ensure that incidents are being allocated to the correct department in relation to medicine storage on the wards.</p>	<p>DC</p> <p>NB</p>
d	<p>Quarterly Patient Safety & Experience Report</p> <p>JG shared the Q1 aggregated data, advising that this report will also be presented at Patient Safety, Patient Experience and Clinical Effectiveness Committees. JG drew attention to the achievements section and that there has not been a ‘Never event’ since 2010.</p> <p>Work will continue on the report and narrative added to support data. Data in relation to IRMER reportable incidents, safeguarding and clinical effectiveness will also be added.</p> <p>Of particular concern to JG is the pressure ulcer report; of the 852 patient safety incidents reported, 28 relate to pressure ulcers with 16 being Hospital Acquired Category 2. This element needs further scrutiny and is to be addressed through an improvement collaborative.</p> <p>FA suggested that a trend analysis report would also be a useful tool in relation to the pressure ulcer data.</p> <p>Action: JMc did not concur with the medicines data in the report and would welcome the</p>	<p>of 7</p> <p>JMc/JG</p>

	<p>opportunity to review it with JG.</p> <p>JG suggested that it would be useful going forward to form an editorial group to review the draft report stats.</p>	JMc/JG
e	Breach Harm Reviews	
	NB reported that there were no Breach Harm Reviews identified this month.	
f	Training	
	<p>LG provided an attendance and evaluation summary on the recent documentation training carried out at CCC. The first part of the training session was run by Hill Dickinson and emphasised the legal implications of having good documentation. The second part of the training session was delivered by Emma Daley (CNIO) and focused on what good documentation looks like from a Trust perspective. A total of 51 staff attended the sessions across all divisions and feedback was generally positive, however staff would prefer the training to be face to face when possible to do so.</p> <p>LG recommends that another 7 sessions are scheduled. Hill Dickinson have agreed to support with the further sessions. LG would like to record the training and make it available to view on ESR.</p> <p>Action: LG to provide a further attendance and evaluation summary to capture the 12 month period once all sessions have been held. AJ to add to the rolling programme.</p>	LG Mar 2023 AJ
g	Audits	
	The New Clinical Audit Newsletter was shared with the group for noting and disseminating.	
17-22	For consultation/approval	
a	Emergency handbook review	
	Referenced within Matters Arising.	
b	Storage of hypersensitivity and anaphylaxis kits proposal paper	
	<p>Item covered at last month's meeting. JMc reported at June PSC that there is an emergency drawer in CCCL, verification required that this also applies to CCCA and CCCW before roll out.</p> <p>Action: JMc to email confirmation to AJ for inclusion in the minutes.</p>	JMc/AJ July 2022
c	Medicines Safety Committee Terms of Reference	
	TY confirmed that the current ToR is still in date. No further action required until annual review.	

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	<p>Committee made the following observations:</p> <p>KK - Point 6.1 to be amended to include patients with any additional needs to cover LD, Dementia etc.</p> <p>JMc – The SOP needs to be more explicit in terms of the referral criteria with more practical advice. BZ advised that there will be screen shots and a communication process to aid with this.</p> <p>FA – Asked whether there has been an audit undertaken on the service over the last 2 years and from a legal standpoint what is the accountability and governance around the service? TY informed the group that the delivery drivers are employed by CPL and therefore CPL have accountability for the medication until it is handed over to the patient, this follows the same principle as if it was given out from the dispensary.</p> <p>JG – thought that the SOP was difficult to follow and the background section not relevant to the process. There were also a number of abbreviations. JG also enquired whether an Equality Impact Assessment had been completed? With reference to the delivery driver and appropriate hand hygiene, the narrative needs to be more descriptive. How do we monitor if medicines have exceeded recommended storage temperatures and how do we train the delivery drivers and audit compliance against the process?</p> <p>Committee agreed that until processes within the SOP are clarified further the SOP could NOT be approved at today's meeting.</p> <p>Action: NB and BZ to identify the current risks within the Medicine Delivery Service and add to the Trust risk register.</p> <p>Action: Draft SOP to be resubmitted to PSC after further consultation and revision in September. AJ to add to the rolling programme.</p>	<p>NB/BZ</p> <p>BZ Sept AJ</p>
18-22	Sub Committee Minutes	
a	Safeguarding Committee – Not met	
b	Infection Prevention & Control Committee	
	No items for escalation.	
c	Resuscitation & Deteriorating Patient Committee - Not met	
d	Harm Free Collaborative	
	One patient was deemed a potential lapse in care. JD is reviewing under the 40 day time limitation. Results to be presents at ERG.	
e	Mortality Surveillance Committee	
	No representation at PSC committee.	
f	Medicines Safety Committee	
	A decrease in medicine incidents was seen in June. Discussions took place at the MAC in relation to unknown allergies. Allergy recording is presented graphically at MSAG on a monthly basis.	
	Action: JMc to present a report on the findings to PSC in Jan 2023. AJ to add to the rolling programme.	JMc Jan 2023
g	Hospital Transfusion Team	
	Jl reported that there have been recent incidences when the blood transfusion protocols have not been followed. Jl advised that 3 sets of observations are required, 1 hour	

	<p>before, 50 minutes after and at the end of the transfusion. Audits have been undertaken on Ward 1 following a complaint and will now be rolled out Trust wide.</p> <p>The consequences of not adhering to the policy are to be discussed with the nurse leaders at the next Nurse Leaders Forum in August. JG commented that it is imperative that safe blood transfusion delivery is evidenced.</p> <p>Action: JG to discuss the issue at Nurse Leaders Forum in August.</p>	JG
19-22	Items for escalation to Risk and Quality Governance Committee	
	<ul style="list-style-type: none"> * There is currently no medical lead for e-consent. * Risks within the current operation of the Medicine Delivery Service have been identified and are to be added to the trust risk register. 	JG
20-22	Any other Business	
	There was no other Business.	
21-22	Date and time of next meeting	
	24 th August 2022, 3.00 pm	